

June 28, 2000

Refer to:  
MB:ST  
IA WA 4111.91.R2.02

Jessie K. Rasmussen, Director  
Department of Human Services  
Hoover State Office Building, 5th Floor  
Des Moines, Iowa 50319

Dear Ms. Rasmussen:

I am pleased to inform you that your request to amend Iowa's home and community-based services waiver for the Ill and Handicapped authorized under the provisions of section 1915(c) of the Social Security Act (the Act) has been approved. The waiver amendment has been assigned control number 4111.91.R2.02. This number should be used in any subsequent correspondence.

Specifically, the amendment allows for the service addition of interim medical monitoring and treatment effective July 1, 2000. This waiver continues to provide adult day care, consumer directed attendant care, counseling, homemaker, home health aide, nursing care, and respite (in-home, hourly, 24-hour).

We conclude that information provided in your original request and in the additional information supplied conforms to the requirements of statute and regulations.

The following estimates of utilization and cost of waiver services have been approved:

|                       |        | <u>C</u> | <u>x</u> | <u>D</u> | <u>Total</u> |
|-----------------------|--------|----------|----------|----------|--------------|
| (11/01/99 – 10/31/00) | Year 3 |          | 1,183    | \$9,794  | \$11,586,713 |
| (11/01/00 – 10/31/01) | Year 4 |          | 1,419    | \$9,603  | \$13,626,406 |
| (11/01/01 – 10/31/02) | Year 5 |          | 1,660    | \$9,871  | \$16,381,802 |

We appreciate the effort and cooperation provided by your staff. If you should have any questions about this matter, please contact Sharon Taggart at (816) 426-3406.

Sincerely,

Joe L. Tilghman  
Regional Administrator

cc: Dennis Headlee  
Karen Miller

bcc:  
MJ Duckett  
Wvr Team  
P Luce  
TAGGART:pl 6/26/00: IOIMMT.doc

## Home and Community-Based Services

### EXECUTIVE SUMMARY

STATE: Iowa

WAIVER NO. 4111.91.R2.02

20th day 05/07/00

32<sup>nd</sup> Day 05/19/00

90<sup>th</sup> Day 07/16/00

CO Analyst:

1. **TYPE OF REQUEST** (check one)

Initial ☐ Renewal ☐ Amendment/Modification ☒

2. **TARGET POPULATION** (check those appropriate)

|  |   |
|--|---|
| <input type="checkbox"/> AGED                    | <input type="checkbox"/> PHYSICALLY DISABLED                  |
| <input type="checkbox"/> CHILDREN (ages covered) | <input type="checkbox"/> AGED DISABLED                        |
| <input checked="" type="checkbox"/> ADULTS       | <input type="checkbox"/> MR                                   |
| <input type="checkbox"/> DD                      |   |
| <input type="checkbox"/> MENTALLY ILL/HEALTH     | <input type="checkbox"/> MR/DD                                |
| <input type="checkbox"/> TBI                     | <input type="checkbox"/> AIDS                                 |
| <input type="checkbox"/> CONSUMER DIRECTED       | <input type="checkbox"/> TECHNOLOGY/MEDICALLY FRAGILE         |
| <input type="checkbox"/> HEAD INJURED            | <input checked="" type="checkbox"/> OTHER Ill and Handicapped |

3. **WAIVER SERVICES** (Show all services. ( \*) Those added by current action.)

Homemaker, Respite, Adult Day Care, Counseling, CDAC, Home Health Aide, Nursing Care, Interim Medicaid Monitoring & Treatment

4. **IMPORTANT DATES**

Date Current Action Received by RO/CO 04/17/00

Initial Waiver # 40111 Approved 04/17/84 Effective 07/01/84

Renewal # 91 Approved 10/07/87 Effective 08/01/87

Renewal # R1 Approved 06/14/93 Effective 08/01/92

Renewal # R2 Approved 11/12/97 Effective 11/01/97

**EXTENSION time frame** \_\_\_\_\_

5. **CHANGES REQUESTED**

Addition of service component Interim Medical Monitoring and Treatment.

6. **CURRENT ACTION RECOMMENDATION - APPROVAL X DISAPPROVAL \_\_\_\_**

Rationale: This amendment adds the service component Interim Medical Monitoring and Treatment. This service will provide monitoring and treatment of a medical nature beyond what is normally available in a daycare setting, allowing usual caregivers to be employed.

The Medicaid Division waiver review team has reviewed the above waiver and has found that the proposed waiver action meets the requirements of the Act and Regulations.

| <u>Waiver Team Member</u>      | <u>Signature</u> | <u>Phone</u> | <u>Date</u> |
|--------------------------------|------------------|--------------|-------------|
| Karen Miller, Team Leader      | _____            | _____        | _____       |
| Barbara Cotterman, Eligibility | _____            | _____        | _____       |
| Sharon Patterson, QA           | _____            | _____        | _____       |
| Tim Watson, Services           | _____            | _____        | _____       |
| Mark Byler, Finance            | _____            | _____        | _____       |
| Sharon Taggart, Coordinator    | _____            | _____        | _____       |